

# **Appendix E**

## **Summary of State Health Plan Goals, Objectives and Strategies**

**Texas Statewide Health Coordinating Council**  
**Texas State Health Plan (1999 – 2004)**  
**Ensuring a Quality Health Care Workforce for Texas**

<b>GOAL 1:</b> Ensure that the needed number of health care professionals are educated and trained.			
<b>OBJECTIVE 1.1:</b> Conduct workforce supply and requirements planning for Texas (2000 – 2030).			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/REPORT TO</b>
<b>STRATEGY 1.1.1:</b> The Statewide Health Coordinating Council appoints a Health Personnel Data Advisory Committee to work with the Health Professions Resource Center to improve coordination of data collection and statewide planning efforts.	1) Coordination and integration of data collection. 2) Standardize terminology used in health professions data. 3) Explore ways to establish electronic data sharing. 4) Guidance in data collection and analysis activities.	1) Two Statewide Health Coordinating Council Members 2) Director, Health Professions Resource Center (HPRC) 3) Texas Higher Education Coordinating Board Health Professions Staff 4) Medical Education 5) Health Professions Council 6) Health Care Information Council 7) Health care industry 8) Texas Workforce Commission	January 2000 / Statewide Health Coordinating Council
<b>STRATEGY 1.1.2:</b> Health Professions Resource Center to conduct ongoing assessments of workforce supply.	Will conduct assessments of work- force supply of primary care physicians, selected physician specialties, physician assistants, advanced practice nurses, nurse midwives and identify data sources on other health professions.	1) Health Professions Resource Center 2) Health Personnel Data Advisory Committee	January 2000 / Statewide Health Coordinating Council
<b>STRATEGY 1.1.3:</b> Statewide Health Coordinating Council in consultation with the Higher Education Coordinating Board and its relevant advisory committees make recommendations on programs and funding for health professions education in the State Health Plan Update in 2000.	Based upon workforce supply and requirements analysis, make recommendations on programs and funding for health professions education based upon workforce supply and requirements.	1) Statewide Health Coordinating Council 2) Health Professions Resource Center 3) Texas Higher Education Coordinating Board and its relevant advisory committees.	January 2000 / Statewide Health Coordinating Council

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<b>GOAL 2:</b> Improve health professions regulation to ensure quality health care for Texans.			
<b>OBJECTIVE 2.1:</b> Establish fair and equitable mechanisms and processes that will address health professions regulation.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES</b>	<b>DUE DATE/ REPORT TO</b>
<b>STRATEGY 2.1.1. :</b> The 76th Texas Legislature appoints a multi-disciplinary task force to review and make recommendations on issues related to health professions regulation.	<ol style="list-style-type: none"> <li>1) Composition of health professions boards</li> <li>2) Complaint and grievance processes</li> <li>3) Disciplining of members</li> <li>4) Licensing and relicensing requirements</li> <li>5) Reciprocity and credentialing issues</li> <li>6) Dissemination of information to consumers</li> <li>7) Requirements for continuing education</li> </ol>	Task Force composed of: <ol style="list-style-type: none"> <li>1) Health Professions Council</li> <li>2) Consumers</li> <li>3) Medical Policy and Ethics expert</li> <li>4) Academic health centers</li> <li>5) Representatives from other health professions</li> <li>6) Health Professions Resource Center</li> <li>7) Professional medical associations</li> <li>8) Professional nursing associations</li> </ol>	January 2000 / Statewide Health Coordinating Council
<b>STRATEGY 2.1.2. :</b> The 76th Texas Legislature appoints or creates as body to advise them on any scope of practice or licensing changes. This body should establish criteria for evaluating any changes requested in licensing or scope of practice.	Criteria should address: <ol style="list-style-type: none"> <li>1) Data on the professional or occupational group.</li> <li>2) Overall cost effectiveness and economic impact of the proposed regulation.</li> <li>3) Extent to which the regulation or expansion of the profession or occupation would increase or decrease the availability of services.</li> <li>4) Documentation of improved or enhanced quality of care.</li> <li>5) Comparison with existing regulations and findings from other states.</li> </ol>	Include input from: <ol style="list-style-type: none"> <li>1) Health professionals</li> <li>2) Academic health centers</li> <li>3) State agencies</li> <li>4) Health care industry</li> <li>5) Consumers</li> </ol>	January 2000 / Statewide Health Coordinating Council

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<b>GOAL 3:</b> Address the maldistribution of health professionals.			
<b>OBJECTIVE 3.1:</b> Increase access to health care through technology.			
STATE STRATEGY	ACTIONS	PARTIES RESPONSIBLE	DUE DATE/ REPORT TO
<b>STRATEGY 3.1.1.</b> The Governor or 76th Texas Legislature appoints a task force to develop a Statewide Telemedicine Plan that will increase access to medical care, extend the workforce, and enhance workforce training.	1) Provide guidelines for the Telecommunications Infrastructure Fund (TIF) on grant funding for telemedicine projects. 2) Recommend telecommunications infrastructure. 3) Define roles of medical schools, teaching hospitals and public health clinics. 4) Establish priorities/criteria for the funding of telemedicine sites to serve medically underserved areas. 5) Define evaluation criteria for telemedicine projects funded by TIF. 6) Provide for the education of health professionals in community sites. 7) Make policy recommendations to ensure the quality of care and the stability of local health care systems. 8) Designate group to coordinate statewide. 9) Review and make recommendations on interstate licensing issues relative to the use of technology.	1) Telecommunications 2) Infrastructure Fund Telemedicine Steering Committee 3) Center for Rural Health Initiatives 4) Texas Telehealth/Education Consortium 5) Texas Telecommunications Planning Group 6) Texas Department of Health 7) Academic health centers 8) Area Health Education Centers 9) Texas Higher Education Coordinating Board and its Family Practice Advisory Committee 10) Texas Rural Health Association 11) Texas Organization of Rural and Community Hospitals 12) Texas Academy of Family Physicians	January 2000 / Statewide Health Coordinating Council, Governor and/or 77 <sup>th</sup> Legislature

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<b>GOAL 3:</b> Address the maldistribution of health professionals.			
<b>OBJECTIVE 3.2:</b> Increase access to health care through the coordination of recruitment and retention activities.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/ REPORT TO</b>
<b>STRATEGY 3.2.1 :</b> The Statewide Health Coordinating Council establish an ad hoc committee to assess the effectiveness of current recruitment and retention efforts of health professionals in rural and underserved areas and recommend ways to improve the coordination of those programs.	1) Identify practice issues and barriers to recruiting and retaining providers in underserved areas. 2) Evaluate the effectiveness of recruitment/retention efforts. 3) Determine strategies for improving access to primary care and ways to measure performance in this activity. 4) Make recommendations for coordination of activities and/or modification to programs to increase access to medical care.	Ad Hoc Committee includes: 1) Two Statewide Health Coordinating Council members 2) Texas Department of Health, Primary Care Placement Program 3) Texas Department of Health Health Professions Resource Center 4) Center for Rural Health Initiatives 5) Texas Higher Education Coordinating Board 6) Area Health Education Centers 7) Academic Health Centers	October 1999/ Statewide Health Coordinating Council

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<b>GOAL 4:</b> Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health.			
<b>OBJECTIVE 4.1:</b> Increase the implementation of prevention activities in the health care community through the academic curriculum.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/ REPORT TO</b>
<b>STRATEGY 4.1.1 :</b> Academic health centers and other institutions training health professionals survey their health professions programs and report on the following efforts in health professions education.	1) Emphasis on prevention in health professions education. 2) Curriculum development in community and public health, epidemiology, population-based medicine, working in multi-disciplinary teams, and cultural competency. 3) Methods of evaluating or testing competency of health professionals in these areas. 4) Increasing clinic and community-based education sites to the degree practicable.	1) Academic health centers 2) Community colleges 3) Technical colleges 4) Health Professions Education Advisory Committee 5) Other institutions training health professionals	October 1999/ Statewide Health Coordinating Council
<b>STRATEGY 4.2.1:</b> The Texas Department of Health and the universities offering degrees in public health work collaboratively to enhance the education and training of the public health workforce.	1) Develop and deliver programs that will develop the skills and competencies of the public health workforce. 2) Improve public health infrastructure through training for public health practitioners. 3) Expand distance learning technologies.	1) The University of Texas School of Public Health 2) University of North Texas Health Science Center at Fort Worth 3) Texas A&M School of Rural Public Health 4) Other institutions offering degrees and/or residencies in public health 5) Texas Department of Health	November 1999 / Statewide Health Coordinating Council

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<b>GOAL 4:</b> Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health.			
<b>OBJECTIVE 4.2:</b> Build the competencies of the public health workforce in the areas of core public health functions.			
<b>STRATEGY 4.2.2:</b>			
1) The Texas Department of Health's Health Education, Leadership and Promotion Council in collaboration with the Texas Society for Public Health Education and the centers for health promotion research and development work collaboratively to meet current and future public health education/health promotion needs.	2) Develop a system to identify current competencies and future public health education/promotion workforce needs. 3) Provide learning opportunities for those interested in becoming Certified Health Education Specialists (CHES). 4) Encourage the health care industry to prefer CHES as a job qualification. 5) Provide continuing education to those who practice health promotion. 6) Develop a system for recognizing quality initiatives in health promotion/education. 6) Prepare culturally competent materials and programs.	1) Texas Department of Health's Health Education, Leadership and Promotion Council 2) Texas Society for Public Health Education 3) Centers for Health Promotion Research	November 1999 / Statewide Health Coordinating Council

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<b>GOAL 4:</b> Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health.			
<b>OBJECTIVE 4.3:</b> Create incentive systems to encourage prevention activities.			
STATE STRATEGY	ACTIONS	PARTIES RESPONSIBLE	DUE DATE/REPORT TO
<b>STRATEGY 4.3.1:</b> The Texas Department of Health, the Texas Department of Insurance, representatives from the health care industry, and health care purchasers establish incentives for prevention activities.	1) Establish or expand incentives for health professionals to provide more preventive services. 2) Establish or expand incentives for consumers to follow through with preventive activities.	1) Texas Department of Health 2) Texas Department of Insurance, 3) Representatives of the health care industry 4) Health care purchasers	October 1999/ Statewide Health Coordinating Council
<b>STRATEGY 4.4.1:</b> <b>The Texas Education Agency,</b> the Texas Department of Health, and the Texas Comprehensive School Health Initiative Consortium investigate and recommend strategies for implementation of a model curriculum of health education for K-12.	1) Investigate and recommend strategies for implementation of a model curriculum of health education for K-12.	1) Texas Education Agency 2) Texas Department of Health 3) Texas Comprehensive School Health Initiative Consortium	November 1999/ Statewide Health Coordinating Council



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<b>GOAL 5:</b> Reduce disparity in health status among all population groups and enhance their access to quality health care by developing a diverse and culturally competent workforce.			
<b>OBJECTIVE 5.1:</b> Develop a diverse and culturally competent workforce.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/ REPORT TO</b>
<b>STRATEGY 5.1.1:</b> Statewide Health Coordinating Council appoints an ad hoc committee to address racial/ethnic health issues and their relationship to health workforce education, planning, and practice.	<ol style="list-style-type: none"> <li>1) Identify socioeconomic, educational and cultural barriers to accessing health care.</li> <li>2) Forecast minority health needs.</li> <li>3) Develop goals and strategies for the recruitment and retention of minorities in health care professions.</li> <li>4) Propose standards for culturally competent health care practice and practitioners.</li> <li>5) Study and identify strategies that will reduce the disparities in minority health.</li> </ol>	<p>Ad Hoc Committee includes:</p> <ol style="list-style-type: none"> <li>1) Two Statewide Health Coordinating Council members</li> <li>2) Area Health Education Centers</li> <li>3) Texas Department of Health, Centers for Minority Health and Cultural Competency</li> <li>4) Texas Department of Health, The Office of Border Health</li> <li>5) Center for Rural Health Initiatives</li> <li>6) Minority special interest groups including health professionals and consumers</li> <li>7) Representation from admissions committees of health professions schools</li> </ol>	January 2000 / Statewide Health Coordinating Council

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<b>Objective 5.2:</b> Develop a workforce equipped to meet the needs of Texas' aging populations and the population of persons with disabilities.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/REPORT TO</b>
<b>Strategy 5.2.1:</b> The Statewide Health Coordinating Council charges the Texas Department on Aging's Aging Policy Council and the Texas Department of Health to study the following aging population health issues and their relationship to health workforce education, planning and practice.	1) Identify the health needs of an aging population 2) Forecast health professionals/ specialties that are needed to fulfill the health care needs of an aging population. 3) Study and recommend health care policies and practices that enable individuals to age successfully	Texas Department on Aging's Aging Policy Council which consists of representation from: Texas Department of Mental Health and Mental Retardation Texas Rehabilitation Commission Texas Health and Human Services Commission Texas Department of Health	October 1999/ Statewide Health Coordinating Council
<b>Strategy 5.2.2:</b> The Statewide Health Coordinating Council charges the Texas Rehabilitation Commission to investigate the special health care needs of persons with disabilities, especially those in underserved areas, and make recommendations on the types of health professionals/specialists necessary to meet the needs of persons with disabilities.	1) Investigate the special health care needs of persons with disabilities, especially those in underserved areas 2) Make recommendations on the types of health professionals/ specialists necessary to meet the needs of persons with disabilities.	Texas Rehabilitation Commission	October 1999/Statewide Health Coordinating Council

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<b>GOAL 6:</b> Create a health workforce that works with communities and in partnership with federal and state governments to have the greatest positive impact on the health of citizens.			
<b>OBJECTIVE 6.1:</b> Design systems in which local communities are empowered to plan and direct interventions that have the greatest positive impact on the health of citizens.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/REPORT TO</b>
<b>STRATEGY 6.1.1:</b> The Statewide Health Coordinating Council establishes an ad hoc committee to work in partnership with the Texas Department of Health and other state and community based agencies and health care delivery partners to develop a model for community health practice that defines the health professional's role as a resource and facilitator in local health.	1) Investigation of the root causes of disease at the community level. 2) Innovative ways for sharing responsibility and authority for the community's use of resources. 3) Initiatives to develop local leadership. 4) Education of community based lay care givers. 5) Methods to enhance the commitment and capacity of state agencies to participate/endorse/fund community activities.	Ad hoc committee includes: 1) Two Statewide Health Coordinating Council members 2) Texas Department of Health 3) Texas Department of Mental Health and Mental Retardation 4) Texas Association of Health Plans 5) Texas Hospital Association 6) Texas Agricultural Extension Agency 7) Individuals who represent local interests, local participation, and/or consumer groups such as: Texas Association of Counties, Texas Association of County Judges, Councils of Government, Texas Association of Business and Chambers of Commerce, Texas Association of Community Health Centers, Rural Community Health System Advisory Board, local health care professionals	November 1999 / Statewide Health Coordinating Council

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<b>GOAL 6:</b> Create a health workforce that works with communities and in partnership with federal and state governments to have the greatest impact on the health of citizens.			
<b>OBJECTIVE 6.2:</b> Develop the skill level of health professionals in working with communities.			
<b>STATE STRATEGY</b>	<b>ACTIONS</b>	<b>PARTIES RESPONSIBLE</b>	<b>DUE DATE/REPORT TO</b>
<b>STRATEGY 6.2.1:</b> The Statewide Health Coordinating Council establish an ad hoc committee to work in partnership with interested parties to develop and test curricula to enhance the skills of health professionals for working more effectively with communities.	1) Identify partners to research and develop curricula and delivery methods. 2) Pilot and test curricula. 3) Evaluate outcomes. 4) Develop recommendations for adoption of the curricula in academic and/or continuing education settings.	The ad hoc committee includes: 1) Two Statewide Health Coordinating Council members 2) Texas Department of Health 3) Interested universities 4) Individuals representing communities 5) Area Health Education Centers 6) Others as appropriate	November 1999/Statewide Health Coordinating Council

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<b>GOAL 7:</b> Develop the health care partnership between consumers and health care professionals through increased access to health care information.			
<b>OBJECTIVE 7.1:</b> To enable consumers to make better health care decisions.			
STATE STRATEGY	ACTIONS	PARTIES RESPONSIBLE	DUE DATE/REPORT TO
<b>STRATEGY 7.1.1:</b> The Statewide Health Coordinating Council appoints an ad hoc committee to develop guidelines, principles, and standards for a consumer-oriented health care partnership	1) Survey other states' consumer information systems. 2) Investigate what kinds of information consumers should have access to in order to make informed health care decisions. 3) Explore and make recommendations on user-friendly methods for disseminating consumer information. 4) Assess current initiatives and make recommendations for needed action.	Ad hoc committee includes: 1) Two Statewide Health Coordinating Council members 2) Health Care Information Council 3) Texas Department of Insurance Office of Public Insurance 4) Health Care Industry 5) Health Professions Council 6) Citizen Advocacy Group	January 2000 / Statewide Health Coordinating Council